

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) **LU/U09085**

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1											
2.	/											
3	/											
4	/											
5	/											
6												
7	/											
8	/											
9	/											
10	/											
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL	/											
TOTAL	/											
TOTAL	/											
TOTAL	/											

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. GOVERNMENT PRINTING OFFICE: 1960 12-1000-12